

SERFF Tracking Number: ELCC-126690315 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 46098
Company Tracking Number: LTC-ANNUAL REPORTS 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTC -Annual Reports - 2009/

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Long Term Care SERFF Tr Num: ELCC-126690315 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 46098
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC-ANNUAL State Status: Closed
REPORTS 2009

Filing Type: Form Reviewer(s): Marie Bennett, Harris Shearer

Authors: Mark Banks, Kathy Foster, John Neville
Disposition Date: 07/09/2010

Date Submitted: 06/30/2010 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTC -Annual Reports - 2009

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/09/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/09/2010

Created By: Kathy Foster

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kathy Foster

Filing Description:

Filed for your information please find Equitable Life and Casualty Insurance Company's Long-Term Care Annual Reports (Claims Denial, Suitability and Lapse/Replacement reports) as required by law.

Company and Contact

Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst Kathy.Foster@Equilife.com

Equitable Life & Casualty Insurance Company 801-579-3468 [Phone]

SERFF Tracking Number: ELCC-126690315 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 46098
Company Tracking Number: LTC-ANNUAL REPORTS 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTC -Annual Reports - 2009/

3 Triad Center 801-579-3471 [FAX]
Suite 200
Salt Lake City, UT 84180

Filing Company Information

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah
3 Triad Center Group Code: -99 Company Type: Life and Health
Suite 200 Group Name: State ID Number:
Salt Lake City, UT 84180 FEIN Number: 87-0129771
(801) 579-3400 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$0.00	06/30/2010	

SERFF Tracking Number: *ELCC-126690315* *State:* *Arkansas*
Filing Company: *Equitable Life & Casualty Insurance Company* *State Tracking Number:* *46098*
Company Tracking Number: *LTC-ANNUAL REPORTS 2009*
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *Long Term Care*
Project Name/Number: *LTC -Annual Reports - 2009/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/09/2010	07/09/2010

<i>SERFF Tracking Number:</i>	<i>ELCC-126690315</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>46098</i>
<i>Company Tracking Number:</i>	<i>LTC-ANNUAL REPORTS 2009</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Long Term Care</i>		
<i>Project Name/Number:</i>	<i>LTC -Annual Reports - 2009/</i>		

Disposition

Disposition Date: 07/09/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-126690315 State: Arkansas

Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 46098

Company Tracking Number: LTC-ANNUAL REPORTS 2009

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: LTC -Annual Reports - 2009/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC - Claims Denial Annual Report - 2009		Yes
Supporting Document	LTC - Suitability Annual Report - 2009		Yes
Supporting Document	LTC - Lapse/Replacement Report - 2009		Yes

SERFF Tracking Number: ELCC-126690315 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 46098
Company Tracking Number: LTC-ANNUAL REPORTS 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTC -Annual Reports - 2009/

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	LTC - Claims Denial Annual Report - 2009		
Comments:			
Attachment:			
09 clm den.pdf			

SERFF Tracking Number: ELCC-126690315 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 46098
Company Tracking Number: LTC-ANNUAL REPORTS 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTC -Annual Reports - 2009/

Item Status:

**Status
Date:**

Satisfied - Item: LTC - Suitability Annual Report -
2009

Comments:

Attachment:

09 Suitability Report.pdf

Item Status:

**Status
Date:**

Satisfied - Item: LTC - Lapse/Replacement Report -
2009

Comments:

Attachment:

09 Replacement and Lapse Reporting Form - AR.pdf

**CLAIMS DENIAL REPORTING FORM
LONG-TERM CARE INSURANCE**

For the State of: ARKANSAS
For the Reporting Year of: 2009
Company Name: Equitable Life & Casualty Insurance Company
Company Address: 3 Triad Center, Suite 200
 Salt Lake City UT 84180-1200
Company NAIC Number: 62952
Contact Person: Kathy Foster
Phone Number: 800-352-5150, ext. 3468
Line of Business: Individual

Due: June 30, 2010

	STATE DATA	NATIONWIDE DATA
1. TOTAL NUMBER OF LTC CLAIMS REPORTED	82	2811
2. TOTAL NUMBER OF LTC CLAIMS DENIED/NOT PAID	25	562
3. NUMBER OF CLAIMS NOT PAID DUE TO PREEXISTING CONDITION EXCLUSION		
4. NUMBER OF CLAIMS NOT PAID DUE TO WAITING (ELIMINATION) PERIOD NOT MET	6	91
5. NET NUMBER OF LTC CLAIMS DENIED FOR REPORTING PURPOSES (LINE 2 - LINE 3 - LINE 4)	19	471
6. PERCENTAGE OF LTC CLAIMS DENIED OF THOSE REPORTED (LINE 5 DIV LINE 1)	23.17	16.75
7. NUMBER OF LTC CLAIMS DENIED DUE TO:		
8. LONG TERM CARE SERVICES NOT COVERED UNDER THE POLICY		1
9. PROVIDER/FACILITY NOT QUALIFIED UNDER THE POLICY		10
10. BENEFIT ELIGIBILITY CRITERIA NOT MET	9	188
11. OTHER	10	272

2009 Suitability Report – ARKANSAS

Company Name: Equitable Life & Casualty Insurance Company
NAIC # 62952

1.	Total number of applications received from residents of this state	146
2.	Number of applicants who declined to provide information on the personal worksheet	0
3.	Number of applicants who did not meet the suitability standards	0
4.	Number of those who chose to confirm after receiving a Suitability Letter	0

Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the state of: Arkansas

For the Reporting Year of: 2009

Company Name: Equitable Life & Casualty Insurance Company
Company Address: 3 Triad Center, Salt Lake City, UT 84084
Contact Person: Mark Banks

Due: June 30 annually
Company NAIC Number: 62952
Phone Number: (801) 579-3756

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By this Agent
Gregory Carr	1	1	100%
Eric Reynolds	7	6	86%
Douglas Drees	3	2	67%

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By this Agent
Ryan Duclos	4	1	25%

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales 27%

Percentage of Replacement Policies Sold to Policies in Force (as of the end of the preceding calendar year) 1.4%

Percentage of Lapsed Policies to Total Annual Sales 1.7%

Percentage of Lapsed Policies Sold to Policies in Force (as of the end of the preceding calendar year) .09%